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SALTER ON ASTHMA,

24 PAGES.

### CLINICS.

#### CLINICAL LECTURE.

*Lecture on Vaccination*—Delivered at  
St. Mary's Hospital Medical School. By  
GRAILY HEWITT, M.D., Lecturer on Mid-  
wifery and Diseases of Women and Chil-  
dren.

GENTLEMEN: As one of the teachers on  
Midwifery and Diseases of Women and  
Children in this medical school, it devolves  
on me to impart to you some instruction on  
the subject of vaccination. The existing  
state of things is such that the responsi-  
bility of performing the operation of vacci-  
nation falls almost universally on obstetric  
practitioners; and for this reason it has  
been found convenient to arrange so that  
vaccination shall form a portion of the  
course of lectures on obstetrics and allied  
subjects.

Of four out of the principal discoveries  
for which humanity is deeply indebted to  
Medicine—the cure of intermittent fever by  
Peruvian bark, the invention of the forceps

in midwifery practice, vaccination as a  
remedy for smallpox, and the use of anes-  
thetics—the discovery of vaccination stands  
pre-eminent. Regard the matter from  
whatever point you will, it cannot be denied  
that vaccination is a greater remedy, a  
larger saver of human life, and a therapeu-  
tical agent more potent, than any of which  
we are possessed. If other remedies have  
saved their thousands, vaccination has saved  
its tens of thousands.

The responsibility of, and the necessity  
for, placing before you an exact statement  
as to the nature and power of vaccination  
are thus equally great. The very circum-  
stances that the remedy is so sure has  
operated injuriously as regards the extent  
to which it has been considered necessary  
to impart systematic instruction on vaccina-  
tion at the medical schools throughout the  
country. While, however, the power of  
vaccination to prevent smallpox is day by  
day more substantiated by facts, it is now  
beginning to be recognized that, in order  
that it may afford all the protection it is

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capable of affording, it is essential that great care be exercised in its performance. Hence, also, the necessity for a more systematic instruction of students in medicine in all that relates to vaccination has come to be admitted. It has been stated on very high authority that vaccination is better performed in most countries in Europe than in England. It is probable that in other civilized countries, simply owing to the greater care and attention there bestowed upon the operation, the immortal discovery of Jenner has more largely benefited the community than in England, its birth place.

I shall now proceed to lay before you the principal facts regarding vaccination, the mode of its performance, the best means of insuring success, the differences between good and bad vaccination; and lastly, I shall endeavour to point out why it is that vaccination has, particularly of late, appeared to be to a certain extent a failure, as a preventive of smallpox, in this country.

Vaccination is preventive of smallpox. In order that you may understand what smallpox was prior to the introduction of vaccination, thus enabling you to judge of the magnitude of the boon conferred on humanity by its discovery; in order, also, to assist you in removing the prejudices and practical obstructions likely to be met with in practice, it will be advisable to mention a few of the principal facts and statistics bearing on this interesting subject.<sup>1</sup>

The mortality from the smallpox was formerly something awful, something almost inconceivable. In Sweden, for instance, in the twenty-eight years before the introduction of vaccination, the deaths from smallpox were 2050 per annum for every million of the population. Contrast this with the history of smallpox in Sweden forty years after, when the deaths amounted only to 158 per annum for every million of the population. The benefit of vaccination is obvious from these figures. In Westphalia, between 1776 and 1780, the death-rate from smallpox was 2643 for every million inhabitants; but between 1816 and 1850, during which vaccination was established, it was only 114. In Copenhagen, in the last fifty years of the last century, the deaths were 3128 per annum for every

million inhabitants; but in the next fifty years (from 1800 to 1850) the number was 286. Take, again, the experience of the Royal Military Asylum. Out of 5744 boys who have passed through this institution during forty-eight years, only four deaths have taken place from smallpox, and those were unvaccinated cases.

The natural history of smallpox, in undisturbed and in unprotected communities, may be summed up in a very few words. Of every 100 persons attacked about 35 die. But the mortality is much greater in the case of young children than in the case of old persons. In the case of children under five years of age, out of every 100 attacked 50 will die. From the age of five to ten, out of every 100 attacked 27 will die; from ten to fifteen, 23 will die; from fifteen to twenty, 26 will die; from twenty to twenty-five, 40 will die. And after this period the percentage greatly increases; so that from twenty-five to thirty, 45 per cent. will die; from thirty to thirty-five, 57 per cent.; from forty to sixty, 69 per cent.; and between sixty and ninety the mortality is 75 per cent. So that in the cases of very young and very old persons smallpox is peculiarly fatal. Of 2634 patients admitted during sixteen years into the Smallpox Hospital, affected with smallpox and unvaccinated, 996 died—i. e., 37 per cent.

But it is not simply that smallpox kills—this is not the extent of the evil. Among those whom it permits to recover, the conditions left are in many cases distressing in the extreme. Blindness is very frequently the result of smallpox. Then there is the disfigurement by scars—the destruction, the total destruction in many cases, of the good looks of the patient; and lastly, the general health is frequently profoundly shattered by a bad attack of smallpox. So that not only does smallpox kill—thirty-five per cent. of those whom it attacks, but it frequently produces effects in those who recover from which every one would be desirous of escaping.

*How far does vaccination prevent this evil, and in what degree?* Dr. Woodville's evidence, given before a commission appointed by Parliament to inquire into the subject in 1802, was as follows: "Within the two years, 1799 to 1801, 7500 persons were vaccinated at the Smallpox Hospital, of whom about one-half were subsequently inoculated with smallpox matter, and in

<sup>1</sup> See the Blue-book on Vaccination, published in 1837, and which contains an elaborate, eloquent, and almost exhaustive account of Vaccination, from the pen of Mr. Simon.

none of them did smallpox produce any effect." This is a remarkable, and in the history of vaccination an old fact. But there is another more recent and still more remarkable which I have to bring before you.<sup>1</sup> In the public institutions of this metropolis there are vaccinated annually about 20,000 individuals, and it is natural to suppose that a very large majority of smallpox patients belonging to this class of the community would be admitted into the Smallpox Hospital. But it has been found that there have been admitted into this hospital only about nine individuals per annum of those who have been vaccinated at the public institutions of the metropolis, and, consequently, only one individual in 2108 thus vaccinated has become a patient of the Smallpox Hospital. Of those who have been so vaccinated, what is the number of deaths that have taken place in the Smallpox Hospital? There has been only one death in 36,000. It is reasonable, therefore, to infer that in this metropolis in the case of properly vaccinated persons the chances are nearly 30,000 to 1 that they will not die of smallpox, and that the chances are not far short of 2000 to 1 that they will not take smallpox at all. The metropolis has been badly protected, many of the inhabitants never having been vaccinated at all, and there is thus always a soil adapted for the growth of the disease. In districts where vaccination has been universally practised, smallpox is unknown, except in the case of individuals bringing the disease with them from other places into the locality. Facts in abundance are available in support of this statement.

We have next to inquire—*Is vaccination, well or indifferently performed, and of various degrees of intensity, equally protective against smallpox, or against death from smallpox?* This is a most important question, and one which the facts that have only of late years come to light, render peculiarly interesting. The following very remarkable facts observed by Mr. Marson<sup>2</sup> bear directly upon it: During the sixteen years ending 1851, there were admitted into the Smallpox Hospital 3094 individuals

protected by vaccination. There were 1357 persons with one cicatrix; 888 with two cicatrices; 274 were admitted with three cicatrices, and 268 were admitted with four cicatrices. The mortality in these different cases was as shown by the following figures:

		Mortality.	
		per cent.	
With 1 cicatrix,	Good .....	768	4.23
1357 cases	Indifferent .....	589	11.95
" 2 cicatrices,	Good .....	608	2.68
888 cases	Indifferent .....	280	7.29
" 3 cicatrices,	Good .....	187	1.63
274 cases	Indifferent .....	87	2.32
" 4 cicatrices,	Good .....	202	0.99
268 cases	Indifferent .....	68	0.00

It requires but a very slight inspection of these figures to see the relation which subsists between the goodness and intensity of vaccination and protection from death from smallpox. In the 768 individuals who had only one good cicatrix, the deaths were four out of every hundred; and of those who had an indifferent cicatrix, the mortality was eleven per cent. When two cicatrices were present, the mortality came down very much—from four to two, but still it was higher in those who had indifferent cicatrices than in those that have good ones, in the proportion of 2.68 to 7.29. With three cicatrices the mortality is still reduced, being 1.63 with good, and 2.32 with bad cicatrices. With regard to those admitted with four cicatrices, the number of deaths was excessively small, not one in a hundred. There were some individuals who were worse off even than those with one cicatrix—viz., those who had been vaccinated, but who had no cicatrix at all. Of these there were 290, and the mortality amongst them was 21.73 per cent. Mr. Marson finally states in reference to the statistics—"Test the question in which way soever you will, the result is in favour of producing four vesicles at least at vaccination." The confluent form of smallpox appears to affect most those with few cicatrices.

The power of vaccination to prevent those attacked with smallpox from dying of the disease, is thus in direct ratio to the goodness and efficiency of the vaccination; for it results from Mr. Marson's very valuable observations, that of the whole number of individuals attacked with smallpox and previously vaccinated, seven per cent. die; of the badly vaccinated, fifteen per cent. die; but in well vaccinated persons—understanding by the term "well vaccinated," those having four or more cicatrices, the mortality is less than one per cent.

<sup>1</sup> This fact was stated by my friend, Mr. Marson, in his most valuable paper, "An Analytical Examination of all the Cases admitted during Sixteen Years at the Smallpox and Vaccination Hospital, London," vol. xxxvi. of the Med.-Chir. Transactions.

<sup>2</sup> Med.-Chir. Transactions, vol. xxxvi.

Recently the results of some very important inquiries as to the method in which vaccination is practised in different parts of England have been published.<sup>1</sup> The reports of these inquiries, made respectively by Drs. Seaton, Stevens, Sanderson, and Buchanan, furnish information particularly interesting at the present moment; and in relation to the question as to the protective power of good and bad vaccination, my friend, Dr. Buchanan, in the course of the last year, examined, under the direction of the Board of Health, a number of children. Some of the results obtained I will now mention. Dr. Buchanan, for instance, examined in the schools of certain unions in the country, 15,041 children indiscriminately: 185 of these bore the scars of smallpox—1 in every 81; 12,860 out of the 15,000 had been vaccinated, and only 12 of these, or 1 in 1000 had the scars of smallpox, being only 0.10 per cent. of the whole number. Taking the 2804 children who were unvaccinated, 171 were scarred, or upwards of six per cent. With reference to the 12 individuals who had been vaccinated, and were found scarred, the vaccination having failed to a certain extent, there was only 1 who had three good cicatrices; 3 had each three very bad cicatrices; 1 had two passable cicatrices; 1 two bad ones; and 6 children had only one cicatrix, in which the quality was bad. Thus 11 out of the 12 children who had been vaccinated and took the smallpox, had been inefficiently vaccinated. These facts are in remarkable agreement with the results of Mr. Marson's observations as to the history of smallpox occurring after vaccination, and they prove incontestably the great protective superiority of good over bad vaccination.

(To be continued.)

#### HOSPITAL NOTES AND GLEANINGS.

*Punctured Wound of the Edge of the Cornea by an Arrow; large prolapse of the iris; recovery.*—Louisa B., aged 5 years, was brought to the Royal London Ophthalmic Hospital, on account of an injury she had received in her right eye the day previous. Her brother, playing with a bow and arrow, shot an arrow into her

right eye. It penetrated the globe at the inner margin of the cornea, close to its junction with the sclerotic, and stuck in the eye. It was withdrawn by the child, and immediately an extensive prolapse of the iris took place. When first seen, there was a wound about one-eighth of an inch in length at the site above mentioned, and through it protruded a large portion of iris, nearly one-sixth of the entire circumference. The point of the arrow appears to have simply passed into the anterior chamber, and not to have touched the lens, or otherwise to have disturbed the parts within the eye. The lens, as far as could then be made out, was quite clear, and the sight was good. With the exception of the large bulging portion of iris, the eye looked very much as if an iridectomy had been performed. Some recent lymph coated the protruding portion of iris.

The question now was, what treatment in such a case was best to be pursued? The portion was too large to admit of a ligature being placed round it, as in iridesis; for the wound—and that a somewhat gaping one—still remained, and if the bulging part was diminished in size, fresh iris would probably prolapse. For the same reason cutting it with scissors was inadvisable; for the large wound would still remain, and another bulge certainly take place.

Mr. Bowman saw the child and punctured with a fine needle the protruded iris at four or five points, allowing a little of the aqueous which swelled it to escape, so as to cause it to collapse, and at the same time, perhaps, to favour a certain amount of adhesive inflammation. This treatment he recommended to be repeated once or twice a week, according to the condition of the eye.

The child was brought to the hospital regularly twice a week for about a month, and on each occasion Mr. Lawson repeated the puncturings. They produced but little annoyance, the slight action which followed each operation being limited to the prolapsed iris and the wound. The case progressed uninterruptedly: the wound closed, the bulging portion of iris became strangulated, a firm cicatrix resulted, and the child has a good and useful eye.—*Lancet*, Aug. 8, 1863.

*Crackling of the Joints in a Pregnant Woman.*—One of the most striking instances of this crackling which has come

<sup>1</sup> Fourth Report of the Medical Officer of the Privy Council. Ordered by the House of Commons to be printed April 11, 1862.

under our notice was admitted into the West London Hospital in the early part of January. The patient, Martha B—, aged twenty-seven, was enceinte with her fifth child, and was troubled with the most intolerable prurigo, to which it appeared she had been subject at each of her pregnancies. It was now more severe than on any former occasion, and she felt as if she could scratch herself incessantly to get rid of it. She drew Dr. Gibb's attention to a crackling in her right and left knee-joints, much more noticeable in the former. On flexing and straightening the right knee, the crackling was not only felt to be very rough and grating, but it could be heard. There was some effusion also into this joint. The right elbow, wrist, and shoulder joints were similarly affected with crackling, but to a much milder extent.

The patient had the peculiar aspect of a person who has been long subject to chronic suffering from joint disease; yet on inquiry it was elicited that she had never been affected with rheumatism, although she had had pains in the joints. Her father is subject to arthritis, most probably rheumatoid; and it is more than likely that the diathesis has been inherited, and is thus manifested by an alteration in the condition of the synovial membrane, which has given rise to the sensation of crackling. There was no effusion into any other joint than the right knee, nor was any joint painful. She had palpitation of the heart, wholly functional, for there was no evidence of organic disease.

Besides other means, she was ordered a mixture containing the bicarbonate of potash (fifteen grain doses), and small doses of tincture of iodine and iodide of potassium; and a liniment to rub over the right knee-joint. Under this treatment she visibly improved, and the crackling had greatly subsided when she was last examined.—*Lancet*, Aug. 1, 1863.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*Pernanganate of Potassa as a Disinfectant and Deodorizer.*

(Circular No. 12.)

SURGEON-GENERAL'S OFFICE,  
WASHINGTON CITY, D. C., July 29, 1863.

The attention of Medical Officers is called to the virtues of Pernanganate of Potassa as a disinfectant and deodorizer.

A preparation of this salt in solution is supplied by the Medical Department. Medical Officers are directed to make proper requisitions therefor upon Medical Purveyors whenever its use may be indicated; and Medical Purveyors and Storekeepers are directed to keep a stock on hand by making timely requisition on this Office.

WM. A. HAMMOND,  
Surgeon-General.

*Medical Institution of Yale College.*—DR. LEONARD J. SANFORD has been appointed Professor of Anatomy and Physiology in this school, to fill the vacancy created by the death of Professor Charles Hooker.

*Boylston Medical Prize.*—The prize of ninety dollars, or a gold medal of that value, has been awarded to DR. FRANKLIN DAMON, by the Boylston Medical Committee, for the best dissertation on *Leucocythemia*.

*OBITUARY RECORD.*—Died, at Marietta, Ohio, July 24th, 1863, of enteric fever, resulting in hemiplegia, after a short illness, SAMUEL PRESCOTT HILDRETH, in the 80th year of his age. Dr. H. was one of the leading, and most esteemed citizens of Marietta. He was born in Methuen, Mass., in 1783. He commenced practice in New Hampshire, but after a few months he removed to Marietta, Ohio, in Oct., 1806, but shortly afterwards settled as a practitioner at Belpre, 12 miles below. In 1808 he returned to Marietta, and ever after resided there.

Dr. H. was extensively and favourably known by his medical and scientific writings.

In 1808 he published in the *New York Medical Repository*, a history of an epidemic which had prevailed the previous year; also in 1812 a description of the American Colomaba, with a figure of the plant; likewise in 1822, an article on Hydrophobia, and another on a curious case of Siamese twins, in his practice. In 1824 he published in the *Philadelphia Journal of Medical Science*, a full history of the Great Epidemic Fever that visited the Ohio Valley and Marietta in 1822 and 1823; and in 1825, in the *Western Journal of Medicine*, Cincinnati, an account of the minor diseases of the epidemic. In 1826, he published in *Silliman's Journal of Science*, New Haven,



a series of articles on the Natural and Civil History of Washington County. From that time until his death, nearly forty years, he was a contributor to the *Journal*—such articles as descriptions and drawings of fresh-water shells found in the Muskingum and other streams, several upon geological subjects, touching upon the geology of Southeastern Ohio, the salt-bearing rock, the history of salt manufacture from the first settlement of Ohio, the coal formation, &c., "The Diary of a Naturalist," on the 17-Year Locust in 1829, again in 1846, and from 1826 to the present time, a journal of the weather, amount of rain, flowering of plants, ripening of fruits, &c., for each year.

In 1837, Dr. Hildreth was one of the Assistant Geologists upon the State Geological Survey, and the report of his labours was published by the State, in connection with the reports of other geologists upon the survey.

In 1839, he was President of the Medical Society of Ohio, and delivered the annual address at Cleveland, a history of the diseases and climate of Southeastern Ohio from its first settlement, which was printed by the Society. He published between this period and 1843, various historical papers. In 1848, was published his "Pioneer History," an octavo volume of 525 pages, "an account of the first examinations of the Ohio Valley, and early settlement of the Northwest Territory," which was followed in 1852 by an 8vo. vol. of 539 pages, "Lives of the Early Settlers of Ohio," followed in 1852.

Dr. H. collected a valuable cabinet of natural history, and of relics from the ancient mounds, all which he presented to the Marietta College, with his scientific library.

#### FOREIGN INTELLIGENCE.

*Nitrate of Silver.*—Dr. JOHN HIGGINBOTTOM, in a letter to the *British Medical Journal*, July 11, 1863, calls attention to the superiority of the ordinary nitrate of silver over the new preparations which have been now some time in use. The new preparation, "Lunar Caustic Points, perfectly tough," is worthless as an application in surgical cases. It is not nearly so soluble as the old brittle stick of nitrate of silver, and has scarcely any power in checking

and subduing inflammation, and useless in the cure of wounds. The same remarks apply to the cake and crystals of the nitrate of silver used for photographic purposes; which, although they may be more chemically pure, are much less efficacious for surgical purposes than the old preparation.

It is a remedy to which I called the attention of medical men thirty-seven years since, in an essay on the *Use of the Nitrate of Silver*; every succeeding year it has maintained its value in my estimation; but I fear that if the new preparations continue to be used, it will undeservedly fall into discredit.

*Stricture of the Urethra.*—"Clinical observation," said M. MOREL-LAVALLÉE the other day at the Société de Chirurgie, "shows remarkable results. M. Dolbeau is a young man, and he has performed urethrotomy thirty-seven times; whilst I, who have been much longer in practice, have never performed that operation. I am convinced that urethrotomy is much abused." M. Velpeau remarked: "What I think of the matter is this: I am satisfied that dilatation is the most convenient and safest method of treating strictures; but the treatment is not in all cases successful. I have cantherized, and I have incised strictures; but I have not found that these methods succeed better than dilatation; and I should not be surprised if some of M. Dolbeau's patients come back into his hands. I have performed urethrotomy about forty times, and I have seen many of them suffer from fresh strictures. I have seen other surgeons perform the operation, but with no greater success than myself. But urethrotomy is infinitely more dangerous than dilatation. I have lost patience after this operation, and I have known other surgeons to do the same. The section of strictures, therefore, should be regarded as a very exceptional operation."—*British Med. J.*, July 11, 1863.

*Cowpox.*—M. BOULEY has pointed out an important circumstance to the Academy, which will doubtless occasion much discussion. A horse was brought to him affected with aphthous stomatitis. He thereupon inoculated the liquid aphthous matter on the teat of a cow, on the 10th of last June. On the 18th, of five punctures four presented pustules perfectly identical with

cowpox. M. Bouley then inoculated two infants with matter taken from these pustules. In one of the infants, three perfect pustules, identical with vaccine pustules, were developed. This child was presented to the Academy. Moreover, five pupils at Alfort, all previously vaccinated, were inoculated with this new matter, which produced in them a more or less well marked pustulation, similar to that produced by vaccination.—*British Med. Jl.*, July 11, 1863.

**Treatment of Chaps and Chilblains.**—The *Bulletin Médicale du Nord de la France* registers the following formula, which M. Testelin has found useful in cases of chilblains uncomplicated by ulceration: Tincture of iodine, 3ij; chlorinated solution of soda, ʒvj. This liniment should be laid over the seat of the disease, and afterwards dried by exposure to the fire. M. Testelin states that the remedy effects a cure in three or four days. For the treatment of chapped hands the same practitioner has frequently resorted to the application of honey heated in an oven, and deprived of its viscosity by the removal of the froth formed under the influence of heat. It should be applied over the hands whenever they are washed, and spread with gentle friction. The author asserts that he has thus succeeded in curing chaps, and in preventing their return, in servant maids whose hands are frequently exposed to the contact of water, and who usually suffered from this inconvenient affection throughout the winter. He prescribed the same remedy with entire success in Brussels to a clear-starcher, although this person did not for a single day discontinue her employment.—*British Med. Journ.*, June 6, 1863.

**Extirpation of Uterus and one Ovary.**—It is stated in the French Journals that Dr. Kaberle, of Strasburg, in opening the abdomen for the removal of a fibrous tumour of the uterus, found this organ and one ovary so extensively diseased, that he removed both, leaving only the neck of the uterus. Five weeks after the operation the patient is reported to be convalescent!

**Crust of Bread.**—M. BARRAL has presented to the Academy of Sciences some remarks of much interest concerning the crust of bread and the gluten contained in it. He

had recently shown that, when equally dried, the crust of bread is more highly azotized than the crumb; and he also showed that the crust was more soluble than the crumb in water. M. Payen had, it is true, previously pointed out this greater solubility of the crust, and had ascribed it to the conversion of the starch into dextrine during the baking. But M. Barral's experiments show another important fact. "If," he says, "we exhaust with water an equal quantity of dry crust and dry crumb of bread, we find that the soluble portion of the crust consists of from 7 to 8 per cent. of nitrogen, whilst the soluble portion of the crumb contains only from 2 to 3 per cent. The greater solubility of the crust, consequently, depends upon the transformation which its gluten has undergone under the direct action of the 200° to 220° heat of the oven. The soluble portion of the crust is more highly azotized than the juice of meat." M. Barral added, that he was still engaged with his experiments, which he hoped would throw some new light on panification.—*British Med. Jl.*, July 11, 1863.

**Slavery in Great Britain.**—LORD SHAFTSBURY called the attention of the British Parliament lately to the first report of the Children's Employment Commission. The employments on which Lord Shaftsbury commented as injurious to the physical and mental well-being of the children were the manufacture of pottery, lucifer-match making, percussion-cap making, paper-staining, fustian-cutting, machine lace finishing, pillow-lace making, and chimney-sweeping. In the potteries, children aged from 6 to 18 are worked from half-past six in the morning until half-past six in the evening, and sometimes till eight or nine. The ovens in which they work are heated from 126° to 148° Fahr. They are twelve feet square and from eight to twelve feet high. The effect, of course, is a deterioration of the race.

"The potters are, as a rule, stunted, ill-shaped, and frequently ill-formed in the chest. They become prematurely old, are short-lived, are especially prone to chest disease, pneumonia, phthisis, and asthma. Scrofula is a disease of two-thirds or more." "Each generation," says Dr. Greenhow, "becomes more dwarfed and lest robust, and but for their occasional intermarriage

with strangers this deterioration would proceed more rapidly."

There are 1800 children and young persons under 18 employed in lucifer match making. They frequently work late into the night in ill-ventilated rooms, and the Commission report—

"That the mental state of the children and young persons calls for an effort to remove a dark blot from this portion of society. It would be difficult to find an average state of intelligence so low as that exhibited by the answers to the questions addressed to these children. A very small proportion can be said to have been taught."

In relation to the physical effects of the occupation in which they are employed, the report says they suffer from—

"The usual and various results of intense labour and bad air, but the peculiar disease is the phosporous disease, or 'necrosis of the jaw.'"

The manufacture of percussion caps is principally carried on by young girls, who are constantly being injured by explosions. The other trades mentioned, with the exception of chimney-sweeping, are chiefly made injurious by overwork and defective ventilation. In reference to chimney-sweeping, Lord Shaftesbury stated that there are still 2000 climbing boys employed in this country. The evidence collected by the Commission as to the cruelties to which the boys are subjected, and the mode in which they are leased out and bought and sold by their parents, is unsurpassed by any picture of American slavery. Lord Shaftesbury quoted some portion of the evidence of Mr. Ruff, a master sweep, of Nottingham, from which we take an extract.

"No one knows the cruelty which a boy has to undergo in learning. The flesh must be hardened. This is done by rubbing it, chiefly on the elbows and knees, with the strongest brine, close by a hot fire. You must stand over them with a cane, or coax them by the promise of a halfpenny, etc., if they will stand a few more rubs. At first they will come back from their work with their arms and knees streaming with blood; then they must be rubbed with brine again."

His lordship concluded by saying, that it was his intention at the commencement of next session to introduce a measure for the removal of these abominations. The first report of the commissioners included only six trades, and applied to 27,000 children.

Other reports will bring up the number to 100,000. The claim of such a number rests not only on humanity, but on political considerations, as involving the well-being of so many future citizens.—*Med. Times and Gaz.*, August 1, 1863.

*Legal Liability for Spreading Contagious Diseases.*—The following case, decided in the Malton County Court, England, seems to show that the carriers and spreaders of contagious diseases are legally responsible, and may tend to restrain parents from sending abroad their children before entire recovery from such diseases.

The plaintiff was a farmer and lodging-house keeper near Malton, who sued Mr. J. Postill for £60 for loss sustained by plaintiff by defendant's family bringing the scarlet fever into his house. Defendant it seems had taken the house and removed his family there soon after they had had the fever, in consequence of which plaintiff's niece and wife both took the disease. No one could be got to wait upon the invalids, and plaintiff therefore had to stay at home and neglect his business, and there was a considerable expense incurred in cleansing, papering, and painting the house. The case was supported by the evidence of Dr. Lascelles, of Slingsby, who stated the scarlet fever to be strictly a contagious disease, and that considering the fact that defendant removed his family to Hovingham only a fortnight after a medical gentleman had ceased attending them, he had no hesitation in saying the plaintiff's wife and niece had taken the infectious disease from the defendant's children. His Honour reserved judgment till the present court, when he found a verdict for the plaintiff, damages £10, with all costs. The case, from its novelty, and the liability for frequent occurrence of similar circumstances, has caused much interest.

*OBITUARY RECORD.*—Died, near Dublin, July 24, 1863, JOHN MOORE NELIGAN, M. D. Dr. N. was one of the celebrities of Dublin, and was well known in this country by his work on "Medicines; their uses and mode of administration," and his treatise on diseases of the skin. He was, for many years, the editor of the *Dublin Quarterly Journal of Medical Sciences*, which office he filled with marked ability.